

ANNEXURE C

APPLICATION FORM FOR EMPLOYMENT OF SENIOR MANAGER IN TERMS OF GOVERNMENT GAZETTE NO. 37245 OF 17 JANUARY 2014

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post
- 2. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV
- 3. Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
- 4. All information received will be treated with strictly confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.
- 5. This form is designed to assist municipality with the recruitment, selection and appointment of senior managers in terms of the *Local Government: Municipal systems act, 2000 (Act No. 32 of 2000)*

A. DETAILS OF THE	ADVERT	ISED POST	Γ (as refle	cted in the	advert)					
Advertised post applying for										
Reference number										
Name of Municipality										
Notice service period										
Language Proficiency	Afrikaans English						Other.	Other		
	Good	Average	Poor	Good	Average	Poor	Good	Average	Poor	
Read/Speak/Write										
Read/Speak/Write										
Read/Speak/Write										
Drivers Licenses	Yes			No:		Code:	ode:			
B. PERSONAL DETA	ILS			1						
Surname										
First names										
ID or Passport Number										
Race	African Colou			loured	India	า	White	White		
Gender					Fema	ale	Male	Male		
Do you have a disability?					Yes		No	No		
If yes, elaborate										
Are a South African citizen?					Yes	Yes		No		
If no , what is your Nationality?										
Work Permit Number (if										
any):										
Do you hold any political offi	ce in a po	litical party,	whether	in a perma	anent, temp	orary or	No			
acting capacity? If yes, provi	ide inform	ation below	<i>'</i> .							
Political Party:	Position: Expiry date:									
Do you hold a professional membership with any professional body? If yes , provide										
information below							No			
Yes										

Professional Body:	Member	Membership Number: Expiry date:								
0.0017407.057	411.0									
C. CONTACT DET	AILS									
Preferred language for correspondence?										
Telephone number duri	na office									
hours										
Preferred method for	Post E-mail F						Fa	X		
	correspondence (Mark with an X)									
Correspondence contact	ct details (in									
terms of above)	Additional info	rmation m	ov ha provi	dod on	VOUL	CVV				
D. QUALIFICATIONS (Additional information may be provided on your CV) Name of School / Technical College Highest Qualification Obtained Year Obtained										
Traine of Concert Teem	near conege	Tigitot Qualification Obtained Total Obtain						aniou		
Name of Institution	Name of Qualification					NC	QF Leve	el	Year Obtained	
E WORK EVDERIENC	E (Additional i	oformation	maybann	ovidad	00.110	C\/\				
E. WORK EXPERIENC Employer (starting with				From	on yc	To				Reason for
the most recent)	FOSILIOIT		FIOIII			10				leaving
				MM	YY	MM	MM YY		g	
If you were proviously a		aal Cayarr	amant indi	iooto u	hotho	r Voc			No	
	If you were previously employed in Local Government , indicate whether any condition exists that prevents your re-employment:									
If yes, provide the nam		r to omplo	yiiioiit.			<u> </u>				
of the previous employi										
municipality										
F. DISCIPLINARY RECORD										
Have you been dismissed for misconduct on or after 5 July 2011? Yes No										
If yes , Name of Municipality / Institution:										
Type of a Misconduct / Transgression										
Date of Resignation / D	isciplinary case	e finalised								
Award / sanction										
Did you resign from you	ır job on or afte	er 5 July 20	011 pendin	g	Ye	s				No
finalisation of the discip on a separate sheet	linary proceed	ings? if ye	s , provide	aetaiis						
on a separate sheet										
G. CRIMINAL RECORI)									
Were you convicted of a				Yes						No
financial misconduct, fra										
2011? If yes , provide d		arate shee	et	<u> </u>						
If yes, type of criminal a Date criminal case final										
Outcome / Judgement	136U									
		L								
H. REFERENCE						_				
Name of Referee	Relationship		Tel (office	hours)		Cellph	one	Numbe	er	Email
										1
I. DECLARATION										
I hereby declare that all the information provided in this application and any attachments in support thereof is to the										
best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed										
Signature:	modification term	iauoii oi	THY CHIPIUS	Date		οι, π αρ	POIL	nou		